

OHA - Drinking Water Services - Surface Water Quality Data Form County: Jefferson

Cartridge or Bag Filtration 054 - Log Month/Year: May 2022

System Name: Camp Tamarack ID#: 41 94114 WTP ID: A

Day	PSI Before Filter 1	PSI After Filter 2	PSI Before Filter 3	PSI After Filter 4	PSID Filters 1 & 2	PSID Filters 3 & 4	PSID When to Change Filter	Daily Turbidity Reading [NTU]
1	58	60	60	57	2	3	15	0.190
2	56	60	60	56	4	4	15	0.237
3	57	66	60	56	3	4	15	0.232
4	67	62	62	66	5	4	15	0.229
5	73	60	60	71	13	11	15	0.211
6	60	62	62	58	2	4	15	0.214
7	56	60	60	55	4	5	15	0.215
8	65	63	63	64	2	1	15	0.233
9	55	58	58	53	3	5	15	0.286
10	60	62	62	60	2	2	15	0.259
11	63	66	66	62	3	4	15	0.227
12	72	60	60	70	12	16	15	0.264
13	54	54	59	51	5	8	15	0.313
14	56	60	60	55	4	5	15	0.251
15	61	62	62	60	1	2	15	0.252
16	61	63	63	61	2	2	15	0.212
17	67	61	61	65	6	4	15	0.285
18	57	60	60	58	3	2	15	0.222
19	57	60	60	57	3	3	15	0.274
20	56	60	60	56	4	4	15	0.326
21	56	60	60	56	4	4	15	0.248
22	55	54	54	56	1	2	15	0.216
23	54	57	57	53	3	4	15	0.275
24	56	60	60	53	4	7	15	0.209
25	63	58	58	62	5	4	15	0.203
26	60	61	61	59	1	2	15	0.283
27	72	60	60	70	12	10	15	0.224
28	54	55	55	52	1	3	15	0.194
29	56	54	54	57	2	3	15	0.192
30	56	58	58	55	2	3	15	0.214
31	56	59	59	54	3	4	15	0.273

Cartridge & Bag Filtration	Monthly Summary (Answer Yes or No)	
95% of daily turbidity readings ≤ 1 NTU? Yes/No	CT's met everyday? (see back) Yes/No	All Cl2 residual at entry point ≥ 0.2 mg/l? Yes/No
All daily turbidity readings ≤ 5 NTU? Yes/No		

Notes: PSI = pounds per square inch

PSID = pounds per square inch difference (before filter - after filter)

PSID When to Change Filter = Refer to manufacturer's specifications at what PSID to change the filter.

PRINTED NAME: Charles Anderson

SIGNATURE: *[Signature]*

DATE: 6/2/22

PHONE #: ()

CERT #: 41-94114

¹ Including continuous NTU data, if applicable, for optimization recording purposes. Compliance values

OHA - Drinking Water Services - Surface Water Quality Data Form

County: Jefferson

Cartridge or Bag Filtration

0.5 - Log

Month/Year: May 2022

System Name: Camp Tamarack

ID#: 41 94114

WTP ID: A

Date / Time	Minimum Cl ₂ Residual at 1 st User (C) ²	Contact Time (T)	Actual CT	Temp	pH	Required CT	CT Met? ²	Peak Hourly Demand Flow
	[ppm or mg/L]	[minutes]	C X T	[° C]		Use tables	Yes / No	[GPM]
1/	1.0	66	66	10.8	7.8	27	Yes	
2/	0.6 0.6		39.6	16.7	7.8	17	Yes	
3/	1.0		66	14.1	7.5	20 22	Yes	
4/	0.8 0.8		52.8	13.2	7.7	26	Yes	
5/	0.8		52.8	14.9	7.9	26	Yes	
6/	1.0		66	14.7	7.8	27	Yes	
7/	1.0		66	13.1	8.0	27	Yes	
8/	1.0		66	16.8	8.6	27	Yes	
9/	1.0		66	14.6	7.8	27	Yes	
10/	1.0		66	12.4	7.8	27	Yes	
11/	0.8	66	52.8	11.4	7.9	26	Yes	
12/	0.8		52.8	12.3	7.9	26	Yes	
13/	0.4		26.4	13.1	7.6	25	Yes	
14/	0.4		26.4	12.4	7.5	20 21	Yes	
15/	0.6		39.6	13.5	7.7	26	Yes	
16/	0.6		39.6	13.2	7.7	26	Yes	
17/	0.6		39.6	13.5	7.7	26	Yes	
18/	0.4		26.4	13.8	7.9	25	Yes	
19/	0.4		26.4	13.3	7.7	25	Yes	
20/	0.6		39.6	13.7	7.8	26	Yes	
21/	0.4		26.4	13.8	7.7	25	Yes	
22/	0.6	66	39.6	13.7	7.9	26	Yes	
23/	1.0		66	14.2	7.8	27	Yes	
24/	1.0		66	14.9	7.8	27	Yes	
25/	1.2		79.2	15.2	7.8	19	Yes	
26/	1.0		66	15.4	7.9	18	Yes	
27/	1.2		79.2	15.1	7.7	19	Yes	
28/	1.2		79.2	14.7	7.8	20 28	Yes	
29/	1.0		66	14.3	7.9	27	Yes	
30/	1.0		66	14.4	7.8	27	Yes	
31/	1.0		66	14.8	7.8	27	Yes	

² If Cl₂ at entry point < 0.2 mg/l, OR CT not met, notify DWS within 24 hours. Revised August 2016 Download form at: public.health.oregon.gov/HealthyEnvironments/DrinkingWater/Monitoring/Documents/turb-cartridge.pdf

Return by 10th of following month by email, fax or mail to:

dwp_dmce@dhs.ohs.state.or.us; Fax 971-673-0694; or Drinking Water Services, PO Box 14250, Portland, OR 97202-0250